



ENROLL US

We Want to Be a Partner in EPA's
National Partnership for Environmental Priorities

IDENTIFYING INFORMATION

Name of Organization: Brookhaven Science Associates
Principal Contact: Robert J. Lee, P.E.
Authorizing Official: _____
Address: POB 5000, Bldg. 120
Phone/Fax: (631) 344-3148 / (631) 344-6079
EPA RCRA ID Number: _____

Facility Name: Brookhaven National Laboratory
Title: Deputy Manager, Environmental and Waste Management
Title: _____
City/State/Zip: Upton, NY 11973
Email: blee@bnl.gov
Date: 10/12/06

PARTNER AGREEMENT

Our organization is choosing to become a partner in EPA's National Partnership for Environmental Priorities. Our goal is to reduce the quantity of one or more Priority Chemicals currently found in our products, processes, or releases using techniques such as source reduction, recycling, or other materials management practices. In this enrollment application, we identify one or more voluntary goals that we believe we can achieve as partners in this program. The voluntary goal(s) provided below is an initial estimate and may change over time. We may revise our goal(s) or withdraw from the program at any time. If/when we choose to revise our goals or withdraw from the program, we will notify EPA.

GOAL #1. Chemical Name: Mercury **CASRN:** 7439-97-6

Narrative description of proposed project: _____
BNL is continuing our Mercury Challenge project. We will continue to reduce the inventory of mercury in the laboratory by removing non-essential mercury-containing devices such as thermostats, pressure switches, mercury-wetted relays, barometers, etc.

How we will measure success: We maintain and update a detailed inventory as mercury devices are removed and disposed.

1a. Our voluntary **source reduction** goal for Chemical #1 is to reduce the amount of this chemical generated/used from a baseline amount of 302 pounds in October, 2006 (month/year) to a reduced amount of 262 pounds generated/used by September, 2007 (month/year).

1b. To accomplish this goal, we will use the following source reduction options (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Equipment or technology modifications. | <input type="checkbox"/> Process or procedure modifications. |
| <input type="checkbox"/> Reformulation or redesign of products. | <input type="checkbox"/> Substitution of less toxic raw materials. |
| <input type="checkbox"/> Improvements in inventory control. | <input type="checkbox"/> Improvements in maintenance/housekeeping practices. |
| <input checked="" type="checkbox"/> Other (describe): <u>We will remove mercury-containing equipment.</u> | |

2a. In addition to, or in lieu of using source reduction methods, our voluntary **recycling or recovery** goal for Chemical #1 is to increase the recycled or recovered quantity of this chemical from a baseline amount of _____ pounds in _____ (month/year) to an increased quantity of _____ pounds by _____ (month/year).

2b. To accomplish this recycling or recovery goal, we will use the following options (check all that apply):

- | |
|--|
| <input type="checkbox"/> Direct use/reuse in a process to make a product. |
| <input type="checkbox"/> Processing the waste to recover or regenerate a usable product. |
| <input type="checkbox"/> Using/reusing waste as a substitute for a commercial product. |
| <input type="checkbox"/> Other (describe): _____ |

3. We have a Quality Assurance/Quality Control Plan for data (check which applies). ☒ Yes ☐ No

Please use supplemental sheets for additional goals.

Page 1 of 1